

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90055 039 ***150.00

DOCUMENT # F97000001064

1. Corporation Name

DELTA AIR LINES GLOBAL SERVICES, INC.



Principal Place of Business

PO BOX 20706
ATLANTA GA 30220-6001

Mailing Address

PO BOX 20706
ATLANTA GA 30220-6001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1997

4. FEI Number

58-2198841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1007 VIRGINIA AVENUE

Suite, Apt. #, etc.

22 SUITE 100

City & State

23 ATLANTA, GA

Zip Country

24 30354-1325 25 FULTON

2a. Mailing Address

26 1007 VIRGINIA AVENUE

Suite, Apt. #, etc.

27 SUITE 100

City & State

28 ATLANTA, GA

Zip Country

29 30354-1325 30 FULTON

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BRAHAM, W. MARTIN
3315 STRATFIELD DR. NE
ATLANTA GA 30319**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
ADAMS, ROBERT G
230 FORREST LAKE DR
ATLANTA GA 30327**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
SIMMONS, JEFFREY
160 OVERLOOK COURT
FAYETTEVILLE GA 30215**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WRIGHT, LEE B
5878 YARDLEY CT
POWDER SPRINGS GA 30073**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ARVIDSON, DEAN C
1112 DAN JOHNSON RD NE
ATLANTA GA 30307**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
O'REILLY, ANITA B.
4778 OLD TIMBER RIDGE
MARIETTA GA 30068**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**1007 VIRGINIA AVENUE, SUITE 100
ATLANTA, GA 30354-1325**

2.1 TITLE **ASST T** ☐ Change ☒ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**JUDITH G. ROSS
1007 VIRGINIA AVENUE, SUITE 100
ATLANTA, GA 30354-1325**

3.1 TITLE **ASST C** ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**1007 VIRGINIA AVENUE, SUITE 100
ATLANTA, GA 30354-1325**

4.1 TITLE **FIC** ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
**1007 VIRGINIA AVENUE, SUITE 100
ATLANTA, GA 30354-1325**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
**1007 VIRGINIA AVENUE, SUITE 100
ATLANTA, GA 30354-1325**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

(404) 714-1021

Daytime Phone #

CR2E034 (11/98)